

Mr & Mrs P C Kadchha

# Noss Mayo Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Noss Mayo Residential Home is a residential care home providing personal and nursing care to 13 people aged 65 and over at the time of the inspection. The service can support up to 14 people.

### People's experience of using this service and what we found

Since the last inspection the provider had demonstrated improvements within the service. Issues were found with environment, staffing and health and safety. We saw improvement in all these areas with adequate staffing in place to meet people's needs and measures in place to support good health and safety within the home.

The provider demonstrated a variety of systems to monitor the quality of the service. However, there were shortfalls in organisational governance and new risk was found. For example, pressures care management and controlled drugs procedures.

The systems and processes in place needed time to be embedded and further developed to show the systems were effective and improvements found would be sustained.

Risk Management was not always effective in identifying potential harm to people. Staff did not always demonstrate understanding of safeguarding and risk, meaning we could not be assured timely action was always taken .

Accidents and incidents were not always managed effectively. Systems in place were not used robustly for staff to report incidents. The provider had also failed to analyse and learn from events.

Medicines were managed safely, and people received their prescribed medicines. However, further improvements were needed to ensure the recording of controlled drugs administration was accurate.

There were enough staff to meet the needs of people. Records showed staff had the relevant training in place to support people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last inspection for this service (published 02 August 2021) was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulations 12 (safe care and treatment), 17 (good governance) and 18 (staffing). We found the provider had made improvements and the service was no longer in breach of regulations 12 and 18. This was a targeted inspection and we did not review entire key questions; therefore, we did not review the rating at this inspection.

The last rating for this service was inadequate (published 31 July 2021) and there were breaches of regulations 12, 17 and 18. The provider completed an action plan to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of regulation 18 but remained in breach of regulations 12 and 17.

This service has been in Special Measures since December 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Inadequate to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Noss Mayo Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to the registered provider's assessment and management of potential risks to people's safety, infection control management and organisational governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Noss Mayo Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Our inspection was conducted by two inspectors.

#### Service and service type

Noss Mayo Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager, who had applied to be registered with the Care Quality Commission. This meant the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four relatives about their experience of the care provided. We spoke with five members of staff including the provider, manager, senior care workers and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were not always safe. When people had raised concerns regarding the care they received this was not always recorded appropriately. Whilst we were assured by the manager this had been investigated, we found no documentary record of learning, action or outcomes. We could not be assured this was dealt with in a timely way or lessons had been learnt from an incident.
- Staff had not always demonstrated a good understanding of safeguarding. This was evidenced by the lack of actions from staff following an incident and not taking timely action to ensure the safety of people. They also failed to report the correct details and omitted details of the incident, meaning staff may have incorrect details to support ongoing support.

Assessing risk, safety monitoring and management

- Risks to people were not always identified and assessed. We found a person was at risk due to a deterioration in their health resulting in acute medical episodes. This had not been assessed and measures had not been put in place to mitigate this risk to the person. No information was available to staff detailing how they would need to respond if the person became unwell.
- Pressure care management had not been effectively managed. We found significant gaps in repositioning charts. We found no impact on people. However, a failure to ensure people were repositioned as required, and a failure to maintain records, posed a risk of inconsistent and unsafe support. This also posed a risk to people's skin integrity.

Preventing and controlling infection;

- We found staff were at times wearing their masks under their nose or under their chin. This contravenes government guidelines on the correct use of PPE in a care home.
- People were not always admitted into the service safely. A recent admission into the service a person was isolated for 10 days and not 14 days as stated in the guidance 'Coronavirus (COVID-19): admission and care of people in care homes'.
- Risk associated with COVID-19 had not been effectively assessed. Risk assessments had not been carried out and measures to identify people at risk had not been completed. This placed people at risk of infection transmission due to no detailed information available to staff to meet the needs of people during a COVID-19 outbreak.

The provider failed to adequately assess risks to people and the safety of people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Using medicines safely

- Systems were in place for people to receive their prescribed medicines safely. Staff were appropriately trained to administer medicines safely to people. On-going competency assessments were carried out by the provider to ensure staff followed safe practices.
- The provider had effective systems in place to manage risks associated with administration of medicines. People who required 'as needed' medicines, had detailed protocols in place with guidance for staff to administer safely when required.

#### Staffing and recruitment

- Safe recruitment practices were followed. Recruitment records showed a number of background checks had been completed for staff. These included checks with the Disclosure and Barring Service to show that the staff concerned did not have criminal convictions.
- There was enough staff to meet the needs of people. Systems were in place to cover any shortfalls with staff absence.

#### Learning lessons when things go wrong

- We had found improvements to the environmental safety of the service since our last inspection. Ongoing improvement plans were in place with regular monitoring ensuring environmental hazards were addressed.
- Further improvements were evidenced with administration of medicines and IPC systems. Despite some improvements demonstrated by the home new risk had been identified. The processes in place needed time to be embedded and further improved to show the improvements found would be sustained. The manager accepted this was an area she would further develop.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care, person-centred care.

At our last inspection the provider had failed to assess and monitor the quality of the service and take action to address a wide range of potential risks to people's safety and well-being. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst we found some improvements, systems in place had not been embedded sustained or developed enough, meaning not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the last inspection the provider failed to demonstrate effective governance systems, resulting in concerns found with care plans, IPC and quality oversight. The provider sent monthly reports demonstrating newly developed governance systems in place. Oversight of staffing improved with enough staff to meet the needs of people. New governance frameworks were developed, and responsibilities delegated between the management team leading to more effective oversight and improved safety within the home.
- Although we had seen improvement in some areas of the governance meaning safety had improved. At this inspection we found the care plan issues remained the same and audits had not been effective. We found evidence of conflicting information in people's care plans. This meant opportunities had been missed to proactively put in place accurate and updated care plans identifying potential risks to peoples' safety and welfare.
- We found a variety of systems to monitor the quality of the service. However, governance and quality assurance systems had not always been effective in monitoring and improving the quality and safety of the service. The provider had failed to identify actions regarding pressure care management, alongside a failure to address infection control concerns.
- Systems in place to monitor the safety and effectiveness of service provision demonstrated some improvements, however, these were not always operated effectively. The failure to identifying risk management issues and ensure audits were effective, significantly restricted the providers ability to identify risks and address shortfalls.
- Audit documents we reviewed for pressure care management, infection control and risk management were also ineffective. The risks associated with pressure care management had not been identified before our inspection. Risks to people had not been identified or assessed.

- At the last inspection the provider had failed to sustain adequate management at the service, with multiple changes to the management. This had created additional risk and reduced their ability to identify, achieve and sustain improvement. At this inspection stable management had been in place for several months and some improvement was shown.
- The provider had also failed to ensure the manager had the necessary skills to manage the service. Following employment, the provider then failed to put in place adequate support for the manager to ensure the safe running of the service. This was evidenced by the risks we found at the inspection not having been identified prior to our visit. This failure of organisational oversight and governance created additional risks to the safety and effectiveness of service provision.
- We discussed the areas of concerns within care delivery, governance and leadership with the provider. The provider responded they were committed to driving improvement in leadership and care delivery in the service. However, this could not always be demonstrated from current systems in place.

Systems were either not in place or robust enough to assess and monitor the quality of the service. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had a system in place to obtain the views of people using the service by sending out surveys, however due to a low return the provider had decided to send these back out again, no analysis had been done from the responses already received. This meant the provider may have missed opportunities to act upon people's feedback.
- People and staff, we spoke to as part of our inspection were generally positive about the management and their experience of using the service. For example, a relative told us, "Management is stronger than it used to be. Staff are very helpful, staff are wonderful". A member of staff told us, "The manager checks the wellbeing of us. Best manager I have had, always supporting us always there, she lifts staff morale".
- The provider maintained a range of professional contacts with other organisations including GP's, community nurses and therapists. Since the last inspection this had improved, and new contacts had been developed to address health needs of people.

Continuous learning and improving care

- Following the last inspection, the provider had put in place an action plan, this was still ongoing with some areas requiring new systems and processes to be developed. Other areas had been improved but required embedding and sustaining within working practices.